

# EXHIBIT 54

REINSURANCE  
NOTICE OF LOSS

ADVICE

04/16/08

TO:  
CLEARWATER INSURANCE COMPANY  
100 CALIFORNIA ST.

FROM:  
INS CO OF THE STATE OF PA

SAN FRANCISCO, CA 94111

P.O. BOX 1024  
FACULTATIVE COLLECTIONS  
MANCHESTER NH 031051024  
(603) 645-7331 OR (603) 645-7335

RI. CO. NO.	TREATY NO.	INTER NO.	REINS.CERT NO.	CLAIM NO.	POLICY NO.		
000382	-	- - -	C-27675	170	053345	CVST 066812370	
POLICY PERIOD		DATE OF LOSS	CROSS REF. CLAIM NO.		DIV.	BRH.	PUC.
03/01/81 TO 03/01/82		03/01/81			043	06	03868
LOSS LOCATION:							

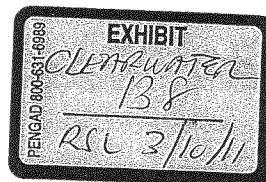
LOSS LOCATION:	INSUREDS NAME:	MCGRAW EDISON ONE CONTINENTAL TOWERS ROLING MEADOWS, IL
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LOSS DESCRIPTION: BI

FACULTATIVE		REIN CO SHR		20.0000% OF	\$3,759,398	IN EXCESS OF	\$0	RETENTION
CATASTROPHE NO.:		LIMIT:		SIR:				
CLAIMANT NAME/INJURY/DAMAGE DESCRIPTION		CURRENT O/S		PAYMENT				
1. AGG TOX ASBESTOS		BI		1.00		0.00		
SUB-TOTAL				1.00		0.00		
EXPENSES INCURRED				0.00		0.00		
CLAIM TOTALS				1.00		0.00		

RICO SHARE:	----->		0.20
	INDEMNITY	EXPENSE	TOTAL
TOTAL PAYMENTS	0.00		
RICO TOTAL SHARE	0.00	0.00	0.00
PRIOR STATEMENT(S) TOT	0.00	0.00	0.00
THIS STATEMENT	0.00	0.00	0.00

PLEASE PAY INVOICE NO.		AMOUNT DUE	\$0.00
	20080416-170-053345-0-000000-000382	=====	
REMIT AMOUNT DUE TO:	CV STARR		
	P.O. BOX 35010		
	NEWARK, NJ 07193-5010		



04/22/2008 01:28 PM 6DC45\_3058

REINSURANCE  
NOTICE OF LOSS

ADVICE

04/16/08

TO:  
CLEARWATER INSURANCE COMPANY  
100 CALIFORNIA ST.FROM:  
INS CO OF THE STATE OF PA

SAN FRANCISCO, CA 94111

P.O. BOX 1024  
FACULTATIVE COLLECTIONS  
MANCHESTER NH 031051024  
(603) 645-7331 OR (603) 645-7335

RI. CO. NO.	TREATY NO.	INTER NO.	REINS. CERT NO.	CLAIM NO.	POLICY NO.
000382	-	-	SC 29066	170-053346	CVST 066823216
POLICY PERIOD	DATE OF LOSS	CROSS REF. CLAIM NO.	DIV.	BRH.	PUC.
03/01/82 TO 03/01/83	03/01/82		043	06	03868

LOSS LOCATION:

INSURED'S NAME:

MCGRAW EDISON  
ONE CONTIENTAL TOWERS

ROLLING HEADWS, IL

LOSS DESCRIPTION: BI

FACULTATIVE

REIN CO SHR 20.0000% OF \$4,494,382 IN EXCESS OF \$0 RETENTION

CATASTROPHE NO.:

LIMIT:

SIR:

CLAIMANT NAME/INJURY/DAMAGE DESCRIPTION	CURRENT O/S	PAYMENT
1. AGG TOX ASBESTOS BI	1.00	0.00
SUB-TOTAL	1.00	0.00
EXPENSES INCURRED	0.00	0.00
CLAIM TOTALS	1.00	0.00

RICO SHARE:

INDEMNITY

EXPENSE

0.20

TOTAL

TOTAL PAYMENTS	0.00	0.00	0.00
RICO TOTAL SHARE	0.00	0.00	0.00
PRIOR STATEMENT(S) TOT	0.00	0.00	0.00
THIS STATEMENT	0.00	0.00	0.00

PLEASE PAY INVOICE NO.:

AMOUNT DUE

\$0.00

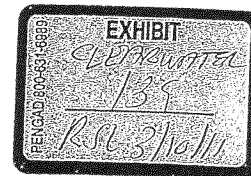
REMIT AMOUNT DUE TO:

20080416-170-053346-0-000000-000382

CV STARR

P.O. BOX 35010

NEWARK, NJ 07193-5010



04/22/2008 01:28 PM 6DC45\_3058

CW 02387

REINSURANCE  
NOTICE OF LOSS

ADVICE

06/05/08

TO:  
CLEARWATER INSURANCE COMPANY  
100 CALIFORNIA ST.FROM:  
INS CO OF THE STATE OF PA

SAN FRANCISCO, CA 94111

P.O. BOX 1024  
FACULTATIVE COLLECTIONS  
MANCHESTER NH 031051024  
(603) 645-7331 OR (603) 645-7335

RI. CO. NO.	TREATY NO.	INTER NO.	REINS. CERT NO.	CLAIM NO.	POLICY NO.		
000382	-	- - -	SC 29066	170-054281	CVST 066823216		
POLICY PERIOD		DATE OF LOSS	CROSS REF. CLAIM NO.		DIV.	BRH.	PUC.
03/01/82 TO 03/01/83		03/01/82			043	06	03868
LOSS LOCATION:			INSURERS NAME				

LOSS LOCATION:

INSURED'S NAME:

MCGRAW EDISON  
ONE CONTINENTAL TOWERS  
UNK  
ROLLING MEADOWS, IL

LOSS DESCRIPTION: ASBESTOS EXPOSURE

FACULTATIVE  
REIN CO SHR 20.0000% OF \$4,494,382 IN EXCESS OF \$0 RETENTION

CATASTROPHE NO.:		LIMIT:	SIR:	
CLAIMANT NAME/INJURY/DAMAGE DESCRIPTION		CURRENT O/S	PAYMENT	
1. UNKNOWN ASBESTOS EXPOSURE		1.00	0.00	
SUB-TOTAL		1.00	0.00	
EXPENSES INCURRED		0.00	0.00	
CLAIM TOTALS		1.00	0.00	

INPUT

☒ X REGISTRATION

RICO SHARE:

PAY LOSS

RESERVE CHANGE

RICO TOTAL SHARE

PRIOR STATEMENTS) TOT BOOK

RECOVERY

PAY LOSS &amp; EXP

CLOSING INVOICE NO.

INDEMNITY

EXPENSE

TOTAL

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

20080605-170-054281-0-000000-000382

AMOUNT DUE

\$0.00

REMIT AMOUNT DUE TO: CV STARR

P.O. BOX 35010  
NEWARK, NJ 07193-5010

EXAMINER: JSM 6/20/08

APH UNIT

Mantle, Joan (Stamford) 06/18/2008

CW 02384

06/17/2008 01:20 PM CEFBA 1166





02/24/2009 04:05 PM DDF2D\_1818

REINSURANCE  
NOTICE OF LOSS

ADVICE

02/17/09

TO:  
CLEARWATER INSURANCE COMPANY  
ONE LIBERTY PLAZA

FROM:  
INS CO OF THE STATE OF PA

NEW YORK, NY 10006

P O BOX 1024  
FACULTATIVE COLLECTIONS  
MANCHESTER NH 031051024  
(603)645-7331 OR (603) 645-7335

RI CO NO	TREATY NO	INTER NO	REINS CERT NO	CLAIM NO	POLICY NO		
003728	-	- - -	C 26285	170	054282	CVST 066801963	
POLICY PERIOD		DATE OF LOSS	CROSS REF CLAIM NO		DIV	BRH	PUC
03/01/80 TO 03/01/81		03/01/80			043	03	03868
LOSS LOCATION							

LOSS LOCATION

INSURED'S NAME:

MCGRW EDISON  
333 WEST RIVER ROAD  
UNK  
ELCIN, IL

LOSS DESCRIPTION. ASBESTOS EXPOSURE

FACULTATIVE  
REIN CD SHR 20.0000% OF \$2,500,000 IN EXCESS OF \$0 RETENTION

CATASTROPHE NO :		LIMIT:	IN EXCESS OF	\$0	RETENTION
CLAIMANT NAME/INJURY/DAMAGE DESCRIPTION		SIR			
		CURRENT O/S	PAYMENT		
1. AGG TOX ASBESTOS EXPOSURE	ASBESTOS	1.00	0.00		
SUB-TOTAL		1 00	0.00		
EXPENSES INCURRED		0.00	930.00		
CLAIM TOTALS		1.00	930.00		

RICO SHARE  
INPUT

INDEMNITY

EXPENSE

186.20

TOTAL

TOTAL PAYMENTS  
RICO TOTAL SHARE  
PRIOR STATEMENT(S) TOT  
THIS STATEMENT

0 0 0

0 00

0.00

000

930.00

0.00

0.00

0.00

930.00

0.00

0.00

0.00

# PAY LOSS

RESERVE CHANGE

PAY EXPENSE

BOOK RECOVERY

PLEASE PAY INVOICE NO.

## CLOSING

AMOUNT DUE

\$0.00

REMIT AMOUNT DUE TO: CV STARR

P.O. BOX 35010

EXAMINER: JAT 2/27/09 SC26285 1980-3

PH UNIT

Mantle, Joan (Stamford) 02/26/2009

